Mental Disorders Associated with Marriage Engagements. By Geo. H. Savage, M.D., F.R.C.P., Senior Physician Bethlem Royal Hospital.

The frequency with which I am consulted about both men and women in whom an engagement of marriage has been associated with marked mental disorder, has induced me to bring the subject before this meeting of the Psychological Branch of the British Medical Association, especially as the subject naturally falls into a place in the larger subject suggested by Dr. A. Campbell Clark's papers on the perversions of the sexual and reproductive functions.

First, then, the disorders to which I refer are common; next they have a sufficient likeness to one another to deserve to be grouped together. Such disorders are very variable *in degree*. They are in most cases but an exaggeration of a perfectly natural state of the feelings. The slighter forms of this disorder occur in otherwise healthy persons, so that I have almost come to look upon this moral trouble as one through which the majority pass before marriage. That there should be this preliminary disorder is natural and easily understood, for the exercise of the sexual function under the restrictions of civilized life necessitates great restraints at the very time when the feelings are most stimulated by soft contacts and other blandishments.

Another cause of the disorder is the centering of the feelings and emotions on the reproductive organs, this being done unconsciously, to a great extent, or rather I would say there is an unconscious centering due to the mere forms of love-making which in their associated action stimulate even the most innocent to some extent; thus in a pure-minded girl the loving touches of the *fiancé* produce sensations new and disturbing, and I have seen such feelings give rise to ideas of moral weakness or even of immorality. I have known such a girl take a dislike to her future husband because his attentions produced voluptuous feelings, which she considered unworthy of her and improper for him to cause. She believed, in fact, that he meant to ruin her by such actions stimulating her lower nature.

In the man, too, though his purity is rare, yet there may have been continence, at least, during his wooing, and at such period he may thus be greatly excited without any

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gratification, and the result may be on the one hand seminal emissions, leading to dread of impotence, or on the other a form of emotional disorder allied to the so-called hysteria of women. I am in the habit of comparing this state with dyspepsia, and I speak of "moral dyspepsia."

In very many cases there is an accumulation of feeling of longing and unsatisfied desire, which is enough to produce this dyspepsia of the feelings and emotions. There is a loading with no relief. So far, then, I have pointed out that there is a normal disturbance which may be transient, or may pass on to further emotional disorder; and *this* may be *all* or there may be a further growth of the morbid process, so that the higher intellectual faculties are deranged as well as the feelings.

I wish now more fully to trace the nature of these disorders and study the manner of their development in the concrete.

This morbid state is common in young men. It may occur in those who are habitual masturbators, as well as in those who are continent in every way. Some writers believe that this disorder is part of the insanity of masturbation, but I am sure I have seen cases in which there was innocence and continence.

My experience is that it is most common in men who have refrained from sexual indulgence, and that is all I can affirm.

It is more frequent, like most of the slighter neuroses, in members of nervous families. It is common, too, in persons who have had previous attacks of nervous disorder, such as hysteria. I have never met with it in widows or widowers.

It may occur in very young people, but is more common, I think, in persons of both sexes of 30 and upwards.

It may occur several times, under similar circumstances, in the same person; thus I have known it to occur in a young man on his first engagement, then pass off when this was broken off, to recur, in a slighter degree, when he heard of the marriage of his first love, to occur again when he became engaged to a second lady. The onset of the symptoms may be sudden or very gradual. It may be, as I said just now, only emotional disorder, or it may pass into serious mental disorder with delusions, etc. As a rule, the symptoms are of a melancholic type. There is exaggerated self-consciousness, and there may be suicidal tendencies.

The common history of the cases is as follows:—

A young man who has borne a blameless reputation be-

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comes engaged to be married to a girl who is in every way a suitable match, and for a time true love's course seems to run smoothly enough. Then it is noticed by friends that he is irritable, and, though he performs the social duties of an engaged man, there is a want of life about him, and he is always tired and easily fagged. He then becomes more moody, dull, and emotional, complaining of weight or pain in his head, with inability to apply himself. Then, or even earlier, dreaming sleep or miserable sleeplessness are present, so that the night is dreaded, not only from the sleeplessness, but because of the terrible night thoughts.

At this period almost always there is an appeal to some sedative or other, chloral nowadays being the most popular. Sleep thus produced rarely does any good, though it enables some to go on ruining themselves in power by drawing on their nervous capital. Dyspepsia, with constipation, are almost always present, anæmia following rapidly. The complexion is sallow, and there are dark rings round the eyes. Change of scene for a time may relieve, but return to the old surroundings with its old relations is followed by a relapse.

It is under these circumstances that the young man breaks off his engagement, often in a most heartless way. He seems to have done everything to make a return to the old conditions impossible, and it is thus that these cases are brought by the outraged friends before Courts of Law.

The breach may relieve, or it may drive the patient into a still more hopeless state, during which suicide may be attempted. The chief symptoms are loss of affection, sleeplessness with inability to settle down to work. In some this may lead to emotional outbursts or to hysterical attacks, in which volleys of blasphemy or of bad language occur.

There may, on the other hand, be a feeling that this is due to conduct of the lady, and jealousy may arise, leading to danger of homicide. Though the dropping of the engagement may not produce any marked good at the time, yet the best treatment most certainly is to advise it to be set aside, for a time at least. Just as dyspepsia may be relieved or cured by starvation for a time, so may this moral disorder be improved or cured by relief from the exciting cause. To follow illicit love is not to be advised, not only from the moral, but from the medical standpoint. A full meal only hides the indigestion for a time, leading to more

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pain than ever after, and sexual indulgence stimulates a weak and disordered function, and leads to feelings of depression, both moral and physical.

Separation—change of scene—for at least three months, and generally six months, is the best form of treatment. I know no mental cases which benefit so much from sea voyages as these.

If the engagement is renewed, after the recovery, the period between that and the marriage should be short.

Marriage should never be advised as a cure: for there is great risk of impotence or of feeling of strong antipathy arising, which may never be conquered in after life. The danger of suicidal attempts, associated with the feeling of impotence, must never be lost sight of.

In some men I have seen depression of this suicidal kind follow the change or development of pure love in place of mere sexual lust. Thus the free liver having lost the Sensuous in the Ideal may feel loss of power, and, dreading impotence, become worried, and perhaps end his life, fearing that he is worn out.

The disorder as seen in women is similar, but has the feminine aspect. Thus a girl becomes engaged to be married, and submitting to caresses feels disturbed in feeling, thinks her emotions are unchaste, and are in direct opposition to her ideal love dream, which is apart from all organic love. She begins to fear that this is not true love, but only a lower feeling unworthy of the object to whom she is attached. From this state proceeds one of self analysis with worry and sleeplessness. After a variable time of struggle the engagement is broken off with a very lame excuse, so lame, in fact, that the lover will not believe that the mere want of "proper affection" is the true excuse, but is convinced that there is some other more tangible cause either in a counter attraction or some rumour against him. With the breach of the engagement there may in the woman as with the man be some temporary relief which for a time convinces her that there was truth in her idea of her own incapability for love. With the bodily disorder there may be menstrual disorder too—either metrorrhagia or amenorrhœa. Other bodily ailments are dyspepsia, constipation, anæmia, and chlorosis.

From the above a true state of melancholia may arise with ideas that her past conduct has caused her to be a suspect, or that she has driven her lover to despair, and that nothing

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will prevent his ruin. With these feelings there may be suicidal tendencies, especially if the melancholia pass into a religious phase. Such cases as the above are frequently treated as if they were hysterical, that is, as if the sufferers had only to exert their own will and they would recover.

In other cases the one cure for hysteria has been supposed to be marriage. I have had the experience of several such cases. I give one in which the friends of the woman thus looked upon the disorder, and first suggested that the man should avoid seeing his future bride for some weeks, though the engagement was to be maintained and the contract completed. Then the marriage was to be completed as far as the religious service was concerned, but even for this the use of stimulants was necessary before the bride could be got to church. The pair left for their honeymoon, but the woman declined to allow any approach by her husband—in fact, would lie only outside the bed with all her clothes on. Nothing would in any way convince her of her duty, and the next day she was sent home with her mother. The symptoms became more markedly melancholic, and in the end the husband applied for a declaration of nullity of marriage, which he gained. In another similar case the bride also refused to receive her husband, and after several days of intense misery to both they separated. Later the wife became so melancholic that she had to be sent to an asylum. The melancholia was replaced by mania of a very erotic type, during which the marriage was consummated. The mania passed, but there was no recovery of mind for a long period. Application was made in this case also for a decree of nullity, but failed, as did a similar application in the famous case of a nobleman, in which the marriage was consummated in spite of the great repugnance and resistance of the wife. In all the cases which I have met with women suffering from moral disorder before marriage resisted consummation, and grave dangers may follow the completion of the marriage act, especially if force be exercised. In several such instances acute primary dementia has come on. Even if this do not occur a permanent antipathy of a very wretched kind may appear.

Recently I saw a lady who, being engaged, became restless, and with feelings of unfitness for a married life. She was advised either to postpone the wedding or else to marry at once. Her friends decided on the latter step. The husband at the expiration of the wedding tour returned in a very

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dissatisfied state, complaining bitterly of the misery of the honeymoon. At this time his wife, too, had developed a hatred to him; so the experiment of marriage as a means of cure failed, and produced other evils which seem likely to wreck the happiness of two lives.

As part of this subject I will mention cases which have occurred fairly frequently in my experience of men becoming possessed by the idea of impotence as the result of some shock or some slight discovery as to the age or physical condition of their bride. Thus I have known the discovery of false locks or of an artificial set of teeth produce a revulsion leading to impotence. A painful first congress will do the same, and may lead to profound and dangerously suicidal melancholia.

The tragedies following closely on weddings are often the result of some such shock to the feelings which have been slowly passing into a very excited state.

These mental disorders which develop out of a feeling of loss of affection are frequently described by novelists. The young women feel that the growth of the romantic passion is not a steady blazing up, but is associated with feelings almost of loathing at the sight or approach of the lover. They do not understand the part which pain plays in all great pleasure, and they misinterpret this feeling of exhausted passion, and they convince themselves that they are to blame that there is a natural want in them, and thus morbid self-consciousness is produced, and one cannot tell how far it may grow. But already I have exhausted your patience, though by no means the interest of this subject. I shall leave it with you, pointing out once more that it is common in both sexes, that it may lead to all sorts of social difficulties, and even to legal troubles, such as breach of promise to marry. It may lead to suicide and to full-developed melancholia, with its dangers and anxieties. I believe the disorder is eminently curable if treated in the right way.

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